

# NASFUND CONTRIBUTORS SAVINGS & LOAN SOCIETY

P.O.Box 7732, BOROKO, National Capital District, Ph. (675) 325 7166, Fax. (675) 325 6347

## TRANSFER OF FUNDS

Dear Sir/Madam,

I hereby inform that it is my intention to request transfer of funds within my respective savings accounts under the NASFUND Contributors Savings & Loan Society Ltd.

In line with the NCSL Terms & Conditions, I am aware that this is also a one-off transfer and therefore authorize you to arrange my transfer of savings accordingly.

## DETAILS OF MEMBER

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

## TRANSACTION DETAILS

Please ( ✓ ) the correct box you nominate for transfer of funds.

Transfer Funds From:

- General Savings Account (S1)**
- Education Savings Account (S2)
- Christmas Savings Account (S3)

Transfer Funds To:

- General Savings Account (S1)
- Education Savings Account (S2)
- Christmas Savings Account (S3)
- Loan Outstanding (S4)**

I would like the portion of my funds indicated to be transferred over as per advice above.

Amount: K \_\_\_\_\_.

I forward this Authorization Transfer Application form to you and will advice salary fortnightly contributions are diverted and credited into the nominated savings accounts.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE

Name of NCSL Processing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_